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**Lance J.M. Steinhart, P.C.**  
Attorneys At Law  
1725 Windward Concourse  
Suite 150  
Alpharetta, Georgia 30005

Also Admitted in New York  
Email: lsteinhart@telecomcounsel.com

Telephone: (770) 232-9200  
Facsimile: (770) 232-9208

June 30, 2014

**VIA OVERNIGHT DELIVERY**

Ms. Jocelyn G. Boyd  
Chief Clerk of the Commission  
South Carolina Public Service Commission  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(803) 896-5100

Re: i-wireless, LLC  
Docket No. 2011-107-C

Dear Ms. Boyd:

Pursuant to Order No. 2011-766 in the above-referenced docket, enclosed please find for filing the Company's ETC Annual Report.

I have enclosed an extra copy of this letter to be date-stamped and returned to me in the self-addressed, postage prepaid envelope I have provided.

If you have any questions or if I may provide you with any additional information, please do not hesitate to contact me.

Respectfully submitted,

Lance J.M. Steinhart  
Lance J.M. Steinhart, P.C.  
Attorneys for i-wireless, LLC

Enclosures

cc: ORS via USPS (2 copies)

**BEFORE  
THE PUBLIC SERVICE COMMISSION OF  
SOUTH CAROLINA**

**DOCKET NO. 2011-107-C**

<b>IN RE: Application of i-wireless, LLC</b>	)	
<b>for Designation as an Eligible</b>	)	<b>ETC ANNUAL REPORT</b>
<b>Telecommunications Carrier in the</b>	)	
<b>State of South Carolina</b>	)	

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Pursuant to 26 S.C. Code Ann. Regs. 103-690.1 and Order No. 2011-766, i-wireless, LLC ("i-wireless" or "the Company"), by undersigned counsel, hereby submits its 2014 Eligible Telecommunications Carrier ("ETC") Annual Report and respectfully requests that the South Carolina Public Service Commission ("Commission") certify i-wireless' eligibility to receive federal low income support for the 2015 calendar year. i-wireless submits the following in compliance with 26 S.C. Code Ann. Regs. 103-690.1:

**I. Certification of compliance with CTIA Consumer Code (103-690.1(B)(a))**

i-wireless certifies that it is in compliance with all applicable service quality and consumer protection requirements and standards, including the CTIA Consumer Code for Wireless Service, as it is required to do pursuant to 47 C.F.R. § 54.202(a)(3). See also Exhibit B, copy of FCC Form 481.

**II. Lifeline Reporting**

**103-690.1(b)(3) - Requests for service that were unfulfilled**

i-wireless had 0 unfulfilled requests for service for the 2013 calendar year.

**103-690.1(b)(4) - Number of complaints per 1,000 handsets**

i-wireless had 1.27 complaints per 1,000 handsets for the 2013 calendar year.

**103-690.1(b)(5) - Certification of compliance with applicable service quality standards and consumer protection rules**

i-wireless certifies that it is in compliance with all applicable service quality and consumer protection requirements and standards, including the CTIA Consumer Code for Wireless Service. See also Exhibit B, copy of FCC Form 481.

**103-690.1(b)(6) - Certification of ability to function in emergency situations**

i-wireless provides service by reselling the network services of Sprint Spectrum, L.P. (“Sprint”) and certifies that it is able to remain functional in emergency situations based on 47 C.F.R. § 54.202(a)(2). See also Exhibit A, copy of FCC Form 481. i-wireless relies on Sprint’s network reliability in all situations, including emergency situations. Sprint complies with applicable requirements for emergency service, including access to a reasonable amount of back-up power to ensure functionality without an external power source, the ability to reroute traffic around damaged facilities, and the capability of managing traffic spikes resulting from emergency situations. Sprint has implemented state-of-the-art network reliability standards and i-wireless and its customers benefit from Sprint’s high standards.

**103-690.1(b)(7) - Certification regarding provision of comparable local usage plan**

i-wireless certifies that it offers a local usage plan comparable to that offered by the incumbent LEC (“ILEC”) in the relevant service areas. i-wireless offers a variety of rate plans that provide its customers with local usage capabilities in the form of monthly plans, unlimited plans or pay-per-use plans—but without the burden of contracts, activation fees or roaming charges. Similar to ILEC Lifeline offerings, i-wireless customers have the option to apply the Lifeline discount to the Company’s retail rate plans and have the option for unlimited local calling. i-wireless’ offering also exceeds those of the ILEC in several respects. i-wireless offers customers a certain amount of service free of charge. i-wireless customers can use these free

minutes to place calls statewide (and even nationwide) because i-wireless does not constrict customers' use by imposing a local calling area requirement. i-wireless also provides Lifeline customers with E911 capabilities and access to voice mail, caller I.D., and call waiting services at no cost.

**103-690.1(b)(8) - Certification regarding equal access**

i-wireless acknowledges that the FCC may require it to provide equal access to long-distance carriers in the event that no other ETC is providing equal access within its designated service area.

**103-690.1(b)(9) - Number of Lifeline customers**

i-wireless had 19,007 Lifeline customers as of December 31, 2013.

**103-690.1(b)(10) - Copies of responses to the Lifeline Verification Survey or  
Certification filed with USAC**

See attached Exhibit A for a copy of i-wireless' Annual Lifeline Certification (Form 555) filed with the Universal Service Administrative Company ("USAC") by January 31, 2014. See attached Exhibit B for a copy of i-wireless' FCC Annual Report (Form 481) filed with USAC by July 1, 2014.

Respectfully submitted,

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Lance J.M. Steinhart  
Lance J.M. Steinhart, P.C.  
1725 Windward Concourse, Suite 150  
Alpharetta, Georgia 30005  
(770) 232-9200 (Phone)  
(770) 232-9208 (Fax)  
E-Mail: [lsteinhart@telecomcounsel.com](mailto:lsteinhart@telecomcounsel.com)

*Attorneys for i-wireless, LLC*

June 30, 2014

**EXHIBIT A**

FCC Form 555

**EXHIBIT B**

FCC Form 481

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete all or portions of all sections  
Form must be submitted to USAC and filed with the Federal Communications Commission

**IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**

***Deadline: January 31<sup>st</sup> (Annually)***

SC

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

249014

Study Area Code(s) (SAC)

N/A

Holding Company Name(s)

I-Wireless LLC

ETC Name(s)

Access Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

*Provide a list of all ETCs that are affiliated with the reporting ETC. Affiliation shall be determined in accordance with section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.*

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification

**Section 1: All ETCs MUST COMPLETE SECTION 1- Initial Certification**

I certify that the company listed above has certification procedures in place either to:

A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline or

B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial PM

FCC Form 555  
December 2013

**Section 2: All ETCs MUST COMPLETE SECTION 2—Annual Recertification**  
*Do not leave empty columns. If an ETC has nothing to report in a column, enter a zero.*

A	B	C
Number of Subscribers Claimed on February FCC Form(s) 497 of current Form 555 calendar year	Number of Lines Claimed on February FCC Form(s) 497 of current Form 555 calendar year provided to Wireline Resellers	Number of Subscribers claimed on the February FCC Form(s) 497 that were initially enrolled in current Form 555 calendar year
27933	0	1149

*Initial the certifications below that apply to your ETC and complete the tables corresponding to the certification below. Depending on the state, BOTH CERTIFICATION A AND B MAY APPLY.*

- A) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial PM

D	E	F=D-E	G	H = (F+G)	I
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
5553	1453	4100	5	4105	17477

**AND/OR**

*In the space below, please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator or the Universal Service Administrative Company (USAC) and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify subscriber eligibility. If any of subscribers are subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in columns D through I as appropriate and not in columns J through L.*

- B) I certify that the company listed above has procedures in place to re-certify consumer eligibility by relying on \_\_\_\_\_ . Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator ETC Access to Eligibility Data or by USAC	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Finding of Ineligibility by State Administrator, ETC Access to Eligibility Data or USAC	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0

**OR**

- C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_



**Section 3: ALL ETCS MUST COMPLETE SECTION 3 –De-enroll percentage**  
**What is the percentage of subscribers de-enrolled for this ETC?**

M	N	O	P = N + O	Q = ((P ÷ M) * 100)
Number of Subscribers Claimed on February FCC Form(s) 497 (From Column A)	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility (From Column H)	Number of Subscribers De- Enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility (From Column K)	Total Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled	Percentage of Subscribers De-Enrolled or Scheduled to be De-Enrolled that were Claimed on the February FCC Form(s) 497
27933	4105	0	4105	15%

**Section 4: ALL ETCS MUST COMPLETE APPROPRIATE CHECK BOX; PRE-PAID ETCS MUST COMPLETE ALL OF SECTION 4**

**Is the ETC Pre-Paid?**

Yes ☒ No ☐ (A Pre-Paid ETC does not assess or collect a monthly fee from its Lifeline subscribers)

If yes, record the number of subscribers de-enrolled for non-usage by month in column S below.

**Non-Usage Results Applicable to Pre-Paid ETCS:**

R	S
Month	Subscribers De-Enrolled for Non-Usage
January	454
February	467
March	2604
April	1211
May	1263
June	1138
July	1106
August	1196
September	1156
October	1074
November	951
December	945

**Signature Block: ALL ETCS MUST COMPLETE SIGNATURE FIELDS**

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Signed,

Paul McAleese

Signature of Officer

CEO

Title of Officer

Nicki Wollenhaupt

Person Completing this Certification Form

Paul McAleese

Printed Name of Officer

Jan-30-14

Date

513-544-4892

Contact Phone Number

[illegible][illegible][illegible]

[illegible]

**FCC Form 481 - Carrier Annual Reporting**  
**Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010> Study Area Code	249014
<015> Study Area Name	I-Wireless LLC
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Heather Kirby
<035> Contact Telephone Number: Number of the person identified in data line <030>	7702327805 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	etclifelineforms@cgminc.com

**ANNUAL REPORTING FOR ALL CARRIERS**

54,313 Completion Required	54,422 Completion Required
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(check box when complete)

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	1.27	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	(attached descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	(attached descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>			
<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	249014
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etc11@lifeinforma@cgiminc.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>
<112>	<p>If your answer to Line &lt;111&gt; is yes, then you are required to file a progress report, on line &lt;112&gt; delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.</p> <p>Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
<p>Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.</p>		
<113>	Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

Name of Attached Document

249014

**<015> Study Area Name**

I-Wireless LLC

Program Year	<020>
--------------	-------

2015

<030> Contact Name - Person USAC should contact regarding this data

Heather Kirby

<035> Contact Telephone Number - Number of person identified in data line <030>

77023327805 ext.

<039>	Contact Email Address - Email Address of person identified in data line <030>	etclifelineforms@cgmcinc.com
<039>	Contact Email Address - Email Address of person identified in data line <030>	etclifelineforms@cgmcinc.com

[etclifelineforms@cgminc.com](mailto:etclifelineforms@cgminc.com)

[illegible]

249014

I-Wireless LLC

2015

Heather Kirby

7702327805 ext.

etclifelineforms@ccjmi.nc.com

1/1/2014

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[illegible]



<u>&lt;010&gt;</u>	<u>Study Area Code</u>

<b>&lt;015&gt;</b>	<b>Study Area Name</b>

I-Wireless LLC

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**Program Year**

2015

<030> Contact Name - Person USAC should contact regarding this data

Heather Kirby  
77023327805 ext.

<035> Contact Telephone Number - Number of person identified in data line <030>

102021000 2000

<039> Contact Email Address - Email Address of person identified in data line <030>

etclifelinelifeforms@ccgmlnc.com

<711>

**<a1>**

**<a2>**

**EDS**

**INDEX**

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... All

[illegible]

<010>	Study Area Code	249014
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email address of person identified in data line <030>	etcliffelineforms@cmninc.com
<810>	Reporting Carrier	I-Wireless, LLC
<811>	Holding Company	N/A
<812>	Operating Company	N/A
<813>	Affiliates	<div> <div>&lt;a1&gt;</div> <div>&lt;a2&gt;</div> <div>&lt;a3&gt;</div> </div> <div>Doing Business As Company or Brand Designation</div>
<div> <div>-- See attached worksheet --</div> </div>		

**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	249014
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etclifelineforms@cominc.com
<910>	Tribal Land(s) on which ETC Serves	

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	249014
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etc11@elineforms@cmi.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

**(1200) Terms and Condition for Lifeline Customers  
Lifeline  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	249014
<015>	Study Area Name	I-Mireless LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eccl1lifelineforms@cqm1nc.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.



**(2000) Price Cap Carrier Additional Documentation****Data Collection Form****Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers**
 FCC Form 483  
 OMB Control No. 3060-0086/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	249014
<015>	Study Area Name	I-Wireless, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etc01fe@lineformscominc.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b)(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

<b>Incremental Connect America Phase I reporting</b>		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
<b>Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))</b>		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
<b>Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))</b>		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
<b>Connect America Phase II Reporting (47 CFR § 54.313(e))</b>		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	<input type="checkbox"/>

Name of Attached Document Listing Required Information

<010>	Study Area Code	249014
<015>	Study Area Name	I-Mileless, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<030>	Contact Telephone Number - Number of person identified in data line <030>	7702327805, ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etcl@i-mileless.com

CHECK the boxes below to note compliance on its year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(ii))  

Name of Attached Document Listing Required Information
- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))  

Name of Attached Document Listing Required Information  
(Yes/No) ☒
- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
(3014) If yes, does your company file the RUS annual report  
Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:  
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☒  
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒  
(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation  

Name of Attached Document Listing Required Information  
(Yes/No) ☒
- (3018) If the response is no on line 3014, is your company audited?  
If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains  
(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☒  
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒  
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.  
If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  
(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☒  
(3023) Underlying information subjected to a review by an independent certified public accountant ☒  
(3024) Underlying information subjected to an officer certification. ☒  
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒  
(3026) Attach the worksheet listing required information  

Name of Attached Document Listing Required Information

<b>Certification - Reporting Carrier</b> <b>Data Collection Form</b>	<b>FCC Form 481</b> <b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>July 2013</b>
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<010> Study Area Code	249014
<015> Study Area Name	I-Wireless LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035> Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	etc Lifeline forms@cgminc.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
<small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small>	



<b>Certification - Agent / Carrier</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	249014
<015> Study Area Name	I-Wireless LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035> Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	etclifelineforms@cgminc.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) <u>Expert Telecom Compliance, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: <u>Expert Telecom Compliance, Inc.</u>	
Name of Reporting Carrier: <u>I-Wireless LLC</u>	
Signature of Authorized Officer: <u>CERTIFIED ONLINE</u>	Date: <u>06/27/2014</u>
Printed name of Authorized Officer: <u>Paul McAleese</u>	
Title or position of Authorized Officer: <u>CEO</u>	
Telephone number of Authorized Officer: <u>5132409800 ext.</u>	
Study Area Code of Reporting Carrier: <u>249014</u>	Filing Due Date for this form: <u>07/01/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: <u>I-Wireless LLC</u>	
Name of Authorized Agent or Employee of Agent: <u>Expert Telecom Compliance, Inc.</u>	
Signature of Authorized Agent or Employee of Agent: <u>CERTIFIED ONLINE</u>	Date: <u>06/27/2014</u>
Printed name of Authorized Agent or Employee of Agent: <u>Heather Kirby</u>	
Title or position of Authorized Agent or Employee of Agent: <u>Regulatory Specialist</u>	
Telephone number of Authorized Agent or Employee of Agent: <u>7702327805 ext.</u>	
Study Area Code of Reporting Carrier: <u>249014</u>	Filing Due Date for this form: <u>07/01/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<01>	Study Area Code	249014
<015>	Study Area Name	I-Wireless, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	7702327805 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	etcifelineforms@cgmnc.com
<810>	Reporting Carrier	I-Wireless, LLC
<811>	Holding Company	N/A
<812>	Operating Company	N/A

[illegible]

### Access Wireless Lifeline Rates, Terms & Conditions

#### **Option 1: Lifeline 250 Minutes Plan\***

250 anytime minutes per month

(1 text = 1 minute of usage)

Net cost to Lifeline customer: \$0

#### **Option 2: Lifeline Retail Discount Plan\***

Lifeline eligible customers may apply a \$15 discount to any i-wireless monthly retail plan (excluding text only plans). Information on current retail plans can be found at <http://www.krogeriwireless.com/shop/plans>

*\*both options include:*

- Free handset
- Free access to Voicemail, Caller-ID and call waiting
- Free calls to Customer Service
- Free calls to 911 emergency services
- Free balance inquiries
- Free domestic long distance
- Unused minutes can rollover to following month
- Customer can earn additional free minutes through Kroger Free Minute Loyalty Program

#### **Additional Airtime:**

Amount	Talk Minutes	Unlimited Text	Data	Picture Mail
\$10	150	10 days	100MB	25
\$25	300	30 days	.5G	50
\$50	Unlimited	30 days	1G	100

Complete program terms and conditions are available at [www.accesswireless.com](http://www.accesswireless.com)